DOCUMENT RESUME

ED 268 968 IR 012 029

AUTHOR Wold, Jean E.
TITLE Dysfunctional Anxiety of Clinical Nursing Students: A Guided Design Project.
PUB DATE 20 Oct 84
NOTE 29p.; Paper presented at the Annual Conference of the International Society for Individualized Instruction (Atlanta, GA, October 20, 1984).
PUB TYPE Guides - Classroom Use - Materials (For Learner) (051) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Anxiety; Course Descriptions; *Course Organization; *Decision Making Skills; Higher Education; Instructional Materials; *Nursing Education; *Teaching Methods; Units of Study
IDENTIFIERS *Guided Design

ABSTRACT

The 12-hour unit outlined in this document is designed to introduce nursing students in their third semester of an upper division baccalaureate five-semester nursing program to the guided design decision-making process. The unit provides an introduction to interdisciplinary group decision-making language, builds upon the theoretical base of the nursing process, and offers experience with groups, which is essential to functioning in today's health care system. The two selected projects represent nursing situations familiar to the students and are designed to focus on the processes instead of the content. The projects are integrated with group dynamics materials in order to reduce the number of small groups to the ideal for instructor management of the guided design instruction/feedback technique. Small group observation and guided design small group participation are alternated to allow observational and experiential exposure to the guided design decision-making process for each student. It can also be used effectively in large classes. Developed over a 2-year period, this unit has been used with four classes of 40 students each with positive student response. (Author/THC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
OERI
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
Points of view or opinions stated in this document do not necessarily represent official position or policy.

ED268968

DYSFUNCTIONAL ANXIETY OF CLINICAL NURSING STUDENTS
A GUIDED DESIGN PROJECT

PRESENTED AT

1984 CONFERENCE
INTERNATIONAL SOCIETY FOR INDIVIDUALIZED INSTRUCTION
OCTOBER 20, 1984 - ATLANTA, GEORGIA

BY

JEAN E. WOLD
ASSISTANT PROFESSOR OF NURSING
CALIFORNIA STATE UNIVERSITY, CHICO
CHICO, CALIFORNIA 95929

IR 012029

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Jean E. Wold
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

GUIDED DESIGN PROJECT

Group Dynamics/Group Decision-Making
12-Hour Unit

Jean E. Wold
Associate Professor of Nursing
Division of Nursing
California State University, Chico

IK0120026

GUIDED DESIGN
GROUP DYNAMICS/GROUP DECISION MAKING
12-Hour Unit

OBJECTIVES:

Group Dynamics - Structure and Process (2 hours)

Objectives

1. Identify the critical nature of group process to human growth and development and health maintenance.

2. Define groups as a concept, cooperative vs. competitive, primary vs. secondary, and in terms of membership.

3. Explain group structure in terms of roles, communication, attraction and power.

4. Describe the concept of group norms and standards - stages of group development.

Group Dynamics (Continued) (2 hours)

Objectives

1. Identify symptoms of "Group Think" and leadership roles in its prevention.

2. Identify major theories of unconscious processes in groups.

3. Describe Bale's System Analysis of Task and Maintenance Function Equilibrium.

4. Identify verbal vs. non-verbal behaviors in group interactions and recognize the concept of "Hidden Agendas".

5. Describe communication flows -- centrality.

Group Dynamics - Leadership Functions - Developing Group Cohesiveness (2 hours)

Objectives

1. Describe major concepts of group leadership styles.

2. Describe transference and counter-transference as they relate to group leaders/members.

3. Identify techniques of group leadership.

4. State methods of leadership dealing with typical group problems.

Values Clarification and Decision-Making (2 hours)

Objectives

1. Describe the relationship of values to the decision-making process.

2. Describe the components of the decision-making process as presented in class. (Guided Design)

Guided Design Projects - Group Decision Making (4 hours)

Objectives

1. Recognize steps in the decision-making process in groups.

2. Practice the Guided Design decision-making model steps in class.

3. Observe group decision making in action.

4. List advantages and disadvantages of group decision making.

EVALUATION:

1. Group project report (Guided Design)

2. Guided group observation paper

3. Final Test

DYSFUNCTIONAL ANXIETY OF CLINICAL NURSING STUDENTS

A GUIDED DESIGN PROJECT

FIND THE CAUSE

INTRODUCTION

Ms. Mark, Dean of the Baccalaureate School of Nursing at Rhodes University was having a mid-year conference with Mrs. Don, the Director of Nursing Service at Valley Memorial Hospital. The purpose of this conference was to ensure an open line of communication regarding the affiliation of the nursing students for clinical experience in the large 400 bed multi-specialty facility. The two were friends as well as professional colleagues and both had a generative as well as professional interest in the university-clinical institution alliance and the well-being of the students they shared.

Mrs. Don expressed concern generated through her staff that the high anxiety level of many students in the 40 member, second year class was causing them to be somewhat dysfunctional in their work on the medical-surgical units. Numerous errors as well as emotional interactions, question of substance abuse, avoidance of instructors and clinical staff, and general evidence of high student stress had been increasingly reported.

The two decided to form an ad hoc committee to investigate and attempt to find the cause of the problems. Membership would consist of nursing education and nursing service personnel.

CLASS PROJECT

The material you are about to use is concerned with decision making, a basic intellectual process which makes it possible for each of us to face and solve new problems. It is based on a Guided Design model and organized in an

"instruction-feedback" pattern so you can participate in the solution of the problem. Each instruction presents a question the ad hoc committee raised about a step in the decision-making process. Your group should read each instruction, discuss it with your team, decide on a group response, and then compare that decision with the printed feedback which will be provided. The feedback offers a summary of what your group may have discussed and presents the decision made by the ad hoc committee. The purpose of the printed feedback is to allow groups to compare their reasoning with that of the ad hoc committees. No one should feel that they have to accept any of these decisions.

Your group should appoint a project leader to record the decisions made by your team. When the group feels that they have completed their answer to the instructions the faculty member will check it and provide copies of the feedback and the next instruction.

INSTRUCTION A - State the Goal of the Group Work

This is the first meeting of the ad hoc committee. They begin, of course, by discussing the goal of their work. What goal would your committee set?

FEEDBACK A

The committee after much discussion decided that a certain level of anxiety was not undesirable for good learning to take place. However, from the symptoms and seeming immobility of the students in the clinical area, it would seem that the current students were experiencing dysfunctional stress which could result in unsafe practice and the establishment of poor work habits. Something had to be done before the situation reached "crisis" stage. They stated as their goal, "to find the cause of the student nurses' dysfunctional stress in the clinical setting."

INSTRUCTION B - Indentify Information Needs

As the committee continued their discussion they realized that they didn't know much about the specifics of the problem. They decided that they would list the kinds of information they would like to have. Make a list of the kinds of information your committee regards as necessary. A series of who, what, when, where, how and why questions should be developed.

FEEDBACK B

The committee decided to ask the following questions:

1. Who are the students that need support?
2. What factors cause stress?
3. When is the best time to gather information?
4. Where can we get expert advice and information?
5. How do these students or their work differ from past students?
6. Why would disclosure be avoided?

INFORMATION C - List Possible Causes

The committee decided to ask a faculty member to address the issue with the students in her Nursing Role class and attempt to provide some answers to the information questions. She discovered that about 15 of the 40 students were very distressed over their clinical experiences while the remainder were anxious but coping reasonably well. Identified factors causing distress were fear of doing procedures incorrectly or harming patients, fear of failure in the judgment of nursing instructors and hospital staff members, inadequacy in answering questions of professional personnel, and inability to organize and finish their assignments on time.

The students indicated a willingness to discuss the problem further if an evening meeting could be arranged with the faculty member. Informal discussions with faculty members and key hospital personnel indicated that this particular group of students seemed more anxious, as a whole, than previous groups. Some of the students were functioning well. A few seemed very

distressed. Some were inclined to avoid much discussion of problems. A distinctive feature was the increased anxiety of this class. Further investigation and clarification of possible personal problems of persons involved would be in order. The committee felt a need for more brainstorming to consider possible causes. They decided that there were four potential components to the problem:

1. The students
2. The faculty
3. The milieu of the clinical setting
4. The nursing program

INSTRUCTION C - LIST POSSIBLE CAUSES:

Using the committee components, generate a list of possible causes.

FEEDBACK C

The committee came up with the following possible causes under each component.

A. Students

1. Fear of failure
2. Poor preparation
3. Lack of organizational skills
4. Value pressures
5. Adolescent pressures
6. Liability and responsibility pressures
7. Competition with peers in the program
8. Authority problems
9. Poor self-image
10. Poor health habits
11. Substance abuse

B. Faculty Components

1. Nonsupportive
2. Burned-out
3. Poorly prepared and organized
4. Unclear student role definition

C. Clinical Settings

1. Length of affiliation
2. Types of experiences
3. Personnel in the clinical setting
4. Excess exposure to stress and crisis in the clinical setting

D. Nursing Program

1. Teaching materials
2. Evaluation methods
3. Sequence of clinical experiences
4. Length of clinical experiences
5. Theory too demanding

Your group may have come up with different causes or additional ones.

INSTRUCTION D - State the Constraints and Assumptions

Constraints are factors which limit the outcome of the project and cannot be changed. Assumptions are applied to factors which can be changed to simplify the problem and make it solvable. List the constraints and assumptions that would affect finding the cause of this problem.

FEEDBACK D

The committee came up with several general constraints. Some of these were committee time, the difficulty involved in gathering information about personnel and the program, the cost, and the fact that the University students were "guests" in the clinical setting. One assumption was that there would be one or more major components involved even though all components may have some bearing on the problem. A second assumption was that persons involved in the various components would be willing to work with the committee's plan.

INSTRUCTION E -Choose the Most Likely Possible Cause

Now the ad hoc committee was ready to choose the most likely possible cause. They would have to consider the constraints as they examined their list of potential causes. When the choice had been made, they would state a hypothesis and make a prediction.

FEEDBACK E

The committee decided that since there had been no unusual changes in the hospital program or personnel, that the most likely cause of the problem was the students themselves. Each class did have a unique personality and it might be that this class had simply developed an anxiety problem.

Then they stated their hypothesis and prediction.

Hypothesis

If the student composition of this class was unusual in terms of capabilities or personal problems; they were the main, though not exclusive, cause of the problem.

Prediction

The evidence will show that an unusual number of members of the class had personal problems that interferred with their clinical experience.

INSTRUCTION F - Analysis

The committee was now ready to prepare the list of analysis questions that would help them identify all the factors that had to be considered as they sought to confirm or deny their prediction about the students.

FEEDBACK F

These are the questions developed by the committee.

1. Who would get more information from the students themselves?
2. How would this information be obtained?
3. Who would get information from the faculty members and clinical personnel?
    a. How would this information be obtained?
    b. Who would review the clinical program for possible necessary changes?
    c. What problems might they encounter with getting at the truth?

INSTRUCTION G - Synthesis

The committee was now ready to answer their analysis questions and develop their detailed plans to search for the evidence that would confirm or deny their prediction.

FEEDBACK G

The committee decided to provide the students with a questionnaire to assess who felt a need for support and for what reasons. They would also hold another group meeting with the students at the University for purposes of assessment. In addition, they decided to informally assess both faculty members, at a faculty meeting, and key clinical personnel at a hospital meeting. They would also review the nursing program and the clinical sequence. This would take more time and the need for determining primary causal factors quickly. To avoid "crisis" became their immediate concern.

Search Plan Steps

1. Questionnaire for students (anonymous -- open-ended statements at the end)
2. Group meeting at the University with faculty member skilled in group dynamics
3. Discussion at next faculty meeting
4. Clinical faculty meeting with key clinical personnel at the hospital to gather information
5. Appoint sub-committee to review the nursing program and clinical sequence.

INSTRUCTION H - Evaluation

Internal Evaluation: Evaluate your work and indicate whether you think it is a good, better or best plan.

External Evaluation: Devise a brief plan for evaluating the implemented search in terms of meeting your goal and addressing the validity of your hypothesis-prediction.

ETHICAL DILEMMAS IN NURSING MANAGEMENT OF AMBULATORY ALZHEIMER'S VICTIMS IN A SKILLED CARE FACILITY

A GUIDED DESIGN PROJECT

"SOLVE A PROBLEM"

Comfort Manor is a 90-bed skilled care facility. Most of the patients have limited ambulation. Approximately ten percent are fully ambulatory. Two ambulatory patients, victims of Alzheimer's Disease, have been identified as the primary cause of increasing problems of "burn-out" and dissension among staff members, disruptions of other patients' privacy, and, consequently, complaints from family members, visitors and ombudsmen. The problematic behaviors include wandering into other patients' rooms, invading privacy, removing possessions, using toiletries, and displaying verbally aggressive behavior when thwarted. Family members, the patients, and staff members are complaining about the increased use of chemical and posey vest restraints. Chemical restraints, which are difficult to individually regulate, often result in apathetic, withdrawn behaviors. Physical restraints usually result in "yelling protests," equally disruptive to the unit. Auxilliary causes were determined to be limited staff and communication problems between shifts and with family members. Restraint orders included: (1) Sinequan 10 mg. Q.H.S. for sleep; (2) Mellaril 10 mg. Bid. for yelling and aggressive behavior; (3) waist restraints for patient's safety. The ethical dilemmas posed were of major concern. The nurses were dedicated to the idea of the basic rights of their clients to live out their lives with dignity in the least restrictive environment.

The Director of Nursing Service assembled the Registered Nurses who were involved with administering the three shifts to find a joint solution to the problem. The Director of Nursing Service chaired the meeting.

CLASS PROJECT

The material you are about to use is concerned with decision making, a basic intellectual process which makes it possible for each of us to face and solve new problems. It is based on a guided design model and organized in an "instruction-feedback" pattern so you can participate in the solution of the problem. Each instruction presents a question the nurses raised about a step in the decision-making process. Your group should read each instruction, discuss it with your team, decide on a group response, and then compare that decision with the printed feedback which will be provided. The feedback offers a summary of what your group may have discussed and presents the decision made by the skilled care facility nurses. The purpose of the printed feedback is to allow groups to compare their reasoning with that of the nurses. No one should feel that they have to accept any of these decisions.

Your group should appoint a leader to record the decisions made by your team. When the group feels that they have completed their answer to the instructions, the faculty member will check it and provide copies of the feedback and the next instruction.

INSTRUCTION A - State the Goal of the Group Work

This is the first meeting of the skilled care facility nurses. They begin, of course, by discussing the goal of their work. What goal would your group set?

FEEDBACK A

The nurses realized that there were many facets to this problem including poor communication and inconsistencies among employees, difficult nursing care problems, staffing problems, etc. They finally decided upon a goal that in the solving process could address many of these issues, remain within the nursing domain, provide for joint effort and improve the quality of life for both staff and patients. They stated as their goal:

> To reduce the disruptions on the unit caused by the two Alzheimers patients while protecting the rights of all patients concerned.

INSTRUCTION B - Identify Information Needs

As the nurses continued their discussion, they realized that there were many questions to be answered in order to pinpoint the various problems that would have to be dealt with to reach their goal. They started with a "who, what, when, where, how and why" list to further identify the problem. Make a list of the kinds of information your committee needs to pinpoint.

FEEDBACK B

The nurses decided upon the following questions as starters for their information gathering.

1. Who is involved? Are there specific people?
2. What is involved? Loss? Danger?
3. When does it occur? Are there specific times?
4. Where does it occur? In all rooms?
5. How often does it occur? Is there a pattern?
6. Why does it occur? Why do patients steal?

Information B — Distinctive Features

The nurses organized the questions into a "what is" and "what is not" table format in order to pinpoint distinctive features that may be present.

	What Is	What is Not
Who is involved?	two patients other patients staff - visitors	
What is involved?	Invasion of privacy Loss of articles Restraint (ethics) Staff dissension	Danger to self/others
When does it occur?	Daytime (late A.M.) Early evenings Occasional nights	Not when patients are otherwise occupied or interested
Where does it occur?	In adjoining rooms	Not outside of building or with staff possessions
How often does it occur?	Varies	
Why does it occur?	Boredom Suspiciousness Hoarding needs Confusion Increases when patients are stressed	Articles do not represent patient needs Does not change with scolding or threats

The distinctive features are:

1. The activities create annoyance and dissension, but are not dangerous.
2. They occur primarily in the evening or during high stress, boredom periods.
3. They are confined to adjoining rooms.

INSTRUCTION C - Component Analysis--Possible Solutions

The nurses decided that there were six possible components useful in generating possible solutions to the problem. They were:

1. The two patients
2. Other patients
3. Nursing staff
4. Doctor
5. Visitors/family
6. Administration/institution

Brainstorm and list possible solutions under each of these separate components. Think freely about how each component could be changed.

FEEDBACK C

Patients	Other Residents	Doctor	Nursing Staff	Visitors Family	Administration Institution
Further restriction/ restraints	Increase tolerance	Sedation	Implement consistent plan over 3 shifts	Encourage visitation during problem hours	Increase staff
Transfer	Engage their help	Specific restraint orders	Constantly monitor and return items	Engage their help in attitude and care plan	Provide time for joint shift planning
Watch more closely	Less care time for them	Transfer patients	Communicate ideas that work		Inservice
Punish			Monitor patterns of clients		
Engage in consistent plan			Have clients accompany on rounds		
Constantly return items			Increase staff 1:1 time		
Behavior modification			Encourage clients to help with simple tasks		

INSTRUCTION D - Constraints and Assumptions

The nurses decided that it was necessary to consider the constraints and assumptions they would have to consider in choosing their solutions. They used the components for generating some of these ideas.

FEEDBACK D

The nurses identified several significant constraints:

1. Ethics of restraint use
2. Nursing time limitations
3. Ability of patients to cooperate
4. Reality of communication/consistency
5. Money
6. Public relations

Assumptions

1. Nursing staff members are willing to cooperate.
2. Focusing on and improving the welfare of all patients concerned would be satisfying to nurses, families and patients.

INSTRUCTION E - Choose the Best Solutions

The nurses felt they were ready to rank and select the best probable solutions. They had to anticipate likely problems and apply the constraints to each solution. Go ahead with your choices and rank them.

FEEDBACK E

The nurses decided that the following solutions were viable and would be instrumental in reaching their goal.

1. Ask administration for on-duty time for head nurses from each shift to plan and share ideas and monitor progress.
2. Provide in-service program for staff.
3. Encourage visitation of family members during problem hours and engage their help.
4. Implement consistent nursing care plan spanning three shifts and encourage one another.

INSTRUCTION F--Analysis

The next two steps involve the production of a detailed plan for the chosen solutions. The nurses decided to take each of their four solutions and determine the factors needing consideration in their solution. For example, Solution I would require (1) a liaison to administration, (2) proper meeting time selection, and (3) leadership for sessions.

Apply your who, what, when, where and why questions to each factor.

FEEDBACK F

The nursing committee came up with the following components and questions.

Solution I would require (1) liaison to administration, (2) proper time selection, and (3) leadership for sessions.

Who would act as liaison?

When would be the best time for the nurses to meet?

Who would lead the sessions?

Why might administration not go along with the plan?

Solution II Location? Who would do it? Content?

Who would provide staff in-service?

When would it take place?

Where would it take place?

How would staff be informed?

What would be the general content?

Why would staff not attend?

Solution III Contact family, elicit cooperation. Education? Ethics?

Who would contact and work to gain family cooperation?

When would they be contacted?

How would they be incorporated into the plan?

What would they be told?

Why might they not agree to the plan?

Solution IV -- Consistent Nursing Care Plan Time, plan development, participants, ethics, money.

Who would develop detailed plans?

Who would participate?

What would be the general content?

When would it be developed?

How would it be carried out/communicated?

Why might it be difficult to carry out?

Why might ethics be a problem in the solution?

INSTRUCTION G - Synthesis

The nurses were now ready to answer these questions and prepare their detailed plan. Your plan is the feedback to this instruction.

INSTRUCTION H - Evaluation

Internal Evaluation: Evaluate your work and indicate whether you think it is a good, better, best plan.

External Evaluation: Devise a brief outline form plan for evaluating your solution in terms of meeting your goals.

CALIFORNIA STATE UNIVERSITY, CHICO
DIVISION OF NURSING
N112
EVALUATION OF DECISION-MAKING
CLASSES-PROJECT

GUIDED DESIGN

For each of the following items, please circle a number from 1-5 depending upon your personal learning experience.

1. The project was:

Boring				Interesting
1	2	3	4	5

2. The time involved was:

Too Short				Too Long
1	2	3	4	5

3. The feedbacks were:

Too General				Too Specific
1	2	3	4	5

4. What did you learn about the decision-making process from this project?

Nothing				A Lot
1	2	3	4	5

5. To what extent do you think you will find this decision-making information useful in the future?

Not Useful				Very Useful

6. Would you recommend that a Guided Design project be offered to future classes on decision-making?

Strong No				Strong Yes
1	2	3	4	5

Additional Comments:

_____

_____

_____

_____

_____

CALIFORNIA STATE UNIVERSITY, CHICO
DIVISION OF NURSING
N112

EVALUATION OF GROUP DYNAMICS
CONTENT IN N112

1. The lectures were:

Boring					Interesting
1	2	3	4	5	

2. The reading assignments and text were:

Not Useful					Very Pertinent
1	2	3	4	5	

3. What did you learn about Group Dynamics from the course?

Not Much					A Lot
1	2	3	4	5	

4. The group observation experience enhanced my knowledge of group dynamics:

Not Much					A Lot
1	2	3	4	5	

5. Would you recommend that the group observation experience be offered to future classes?

Strong No					Strong Yes
1	2	3	4	5	

Additional Comments:

_____

_____

_____

_____

_____

_____

SMALL GROUP PAPER

A group observation opportunity will be made available in class. Write a 3-5 page paper incorporating group dynamics theory from this course (document from theory).

A. Introductory paragraph - setting, purpose, composition of group.

B. Body - write your observations of at least five of the following concepts:

1. Leadership style
2. Membership
    a. functions
    b. roles (maintenance - task)
3. Communicating patterns
4. Self-serving behaviors
5. Hidden agendas
6. Phase of group development
7. Cohesiveness
8. Power base
9. Group standards/norms
10. Gatekeeper identification
11. Group think

C. Summary - your reaction to the experience

The paper must be typed using Division of Nursing format. Clarity, depth, and writing will be considered. It will represent 15 percent of your course grade.

References

Hageman, V., and Wales, S. (1979). Guided Design systems approach in nursing education. Journal of Nursing Education, 18(3), 38-45.

International Society for Individualized Instruction Conference, Atlanta, October 1984.

International Society for Individualized Instruction Conference, Rutgers, Newark, N.J., October 1985.

Sampson, E., and Marthas, M. (1981). Group Process for the Health Professionals (2nd ed.). New York: John Wiley & Sons.

Wales, C. E. (1984, January). Decision-making skills in the curriculum. Faculty Development Workshop, California State University at Chico, Chico, Ca., January 1984.

Wales, C. E. and Nardi, A. (1984). Successful Decision-Making. Morgantown: West Virginia University, Center for Guided Design.

Wales, C. E., and Stager, R. A. (1977). Guided Design. Morgantown, West Virginia: Charles E. Wales, West Virginia University.

Wold, J. E. (1984, October). Dysfunctional anxiety levels of clinical nursing students. Paper presented at the meeting of the International Society for Individualized Instruction, Atlanta, Ga.